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Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

NVS5389HIC

STREET ADDRESS, CITY, STATE, ZIP CODE

6213 BOURBON WAY

| Complete the construction (x2) Multiple Construction (x2) Multiple Construction (x3) DATE SURVEY (COMPLETED (x3) DATE SURVEY (COMPLETED (x3) DATE SURVEY (COMPLETED (x3) DATE SURVEY (COMPLETED (x3) DATE SURVEY (x3) DATE SURVEY (COMPLETED (x3) DATE SURVEY (x4) DATE

RAINBOW ASSISTED HOME CARE LAS VEGAS, NV 89107 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX **PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) H 000 H 000 **Initial Comments** This Statement of Deficiencies was generated as a result of a State licensure survey conducted in your facility on 04/07/2010. This State Licensure survey was conducted by authority of NAC 449, Homes for Individual Residential Care, adopted by the State Board of Health on November 29, 1999. The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws. The census at the time of the survey was one. Two resident files were reviewed and three employee files were reviewed. The following regulatory deficiencies were identified: H 019 H 019 Director Duties-No FA/CPR NAC 449.15523 Director: Duties. (NRS 449.249) The director of a home shall: 4. Ensure that a caregiver, who is capable of meeting the needs of the residents and has been trained in first aid, and cardiopulmonary resuscitation, is on the premises of the home at all times when a resident is present.

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

This Regulation is not met as evidenced by: Based on record review and staff interview on 4/7/10, the director did not ensure that 1 of 3 employees received training in cardiopulmonary

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NAME OF PROVIDER OR SUPPLIER PAINTOW ASSISTED HOME CARE			STREET ADDRESS, CITY, STATE, ZIP CODE 6213 BOURBON WAY				
RAINBOW	ASSISTED HOME CAR	KE	LAS VEGAS	6, NV 89107			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FU REGULATORY OR LSC IDENTIFYING INFORMATI			ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD BE COMPL		(X5) COMPLETE DATE
H 019	Continued From page 1 resuscitation (CPR) and first aid (Employee #3).			H 019			
H 033	Safety&Sanitation-First Aid Kit			H 033			
	NAC 449.15525 Requirements for safety and sanitation of facility. (NRS 449.249) 2. A home must contain: (c) A first-aid kit;						
	This Regulation is not met as evidenced by: Based on observation and interview on 4/07/2010, the facility did not have a Cardiopulmonary Resuscitation (CPR) Mask the first aid kit.						
H 050	Tuberculosis-Employees			H 050			
	NAC 441A.375 Medical facilities, facilities for the dependent and homes for individual residential care: Management of cases and suspected cases; surveillance and testing of employees; counseling and preventive treatment. 1. A case having tuberculosis or suspected case considered to have tuberculosis in a medical facility or a facility for the dependent must be managed in accordance with the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200. 2. A medical facility, a facility for the dependent or a home for individual residential care shall maintain surveillance of employees of the facility or home for tuberculosis and tuberculosis infection. The surveillance of employees must be conducted in accordance with the recommendations of the Centers for Disease Control and Prevention for preventing the		tial s; case l e of the as ent or cility st be				

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Prevention as adopted by reference in paragraph

4. An employee with a documented history of a positive tuberculosis screening test is exempt from screening with skin tests or chest radiographs unless he develops symptoms

(h) of subsection 1 of NAC 441A.200.

suggestive of tuberculosis.

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testing (Employee #2- is missing annual Signs

NAC 441A.380 Admission of persons to certain medical facilities, facilities for the dependent or homes for individual residential care: Testing;

and Symptoms for 2008 and 2009).

H 055 Tuberculosis-Residents

H 055

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(c) If the person has only completed the first step

sooner.

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guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200 until a health care provider determines whether the person has active tuberculosis. If the staff is not able to keep the person in respiratory isolation, the staff shall not admit the person until a health care provider determines that the person does

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8. The staff of the facility or home shall ensure that any action carried out pursuant to this section and the results thereof are documented in the

person 's medical record.

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